

INVENTOR INFORMATION

Inventor One Given Name:: Michael  
Family Name:: SACHS  
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Postal or Zip Code:: 10019  
City of Residence:: New York  
State or Province of Residence:: New York  
Citizenship Country:: USA

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 05514  
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APPLICATION INFORMATION

Title Line One:: MAXIMAL NASAL INTERNAL SUPPORT SYSTEM

Total Drawing Sheets:: 14  
Formal Drawings?: No  
Application Type:: Utility  
Docket Number:: 2633.1  
Secrecy Order in Parent Appl.?: No

REPRESENTATIVE INFORMATION

Representative Customer Number:: 5514

PRIOR FOREIGN APPLICATIONS

Priority Claimed:: No